

CLAIMS ONLY							Application Number <i>10-696805</i>	Filing Date		
							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep			<i>43</i>							
Total Depend										
Total Claims	<i>47</i>									